

B.—In case of mo.—than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 99

Registered No. 16

1. PLACE OF BIRTH

County Gila State Arizona

Township Scandin or Village

City Scandin No. Ward

2. Full name of child Valma Louise Wilkoff

3. Sex female 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate 8. Date of birth Aug 10, 1932

9. Full name FATHER Harry Don Wilkoff 18. Full name MOTHER Daisy M. Chitlock

10. Residence (usual place of abode) Marion, Mo. 19. Residence (usual place of abode) Marion, Mo.

11. Color or race White 12. Age at last birthday 13 (Years) 20. Color or race White 21. Age at last birthday 19 (Years)

13. Birthplace (city or place) Monahan 22. Birthplace (city or place) Monahan
(State or country) Laos. (State or country) Ill.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as sawmill, bank, etc. Wool Ranch 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation { months or weeks } 29. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) 24 m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return } (Signed) Charles H. Hurst, M.D.

Given name added from a supplemental report 564-810-442 (Date of) Aug 13, 1932

Registrar

Registrar